	PATER	IT APPLICA Ef	TION FE	E DETERM	TION REC	Application or Docket Number								
ľ	Effective October 1, 2003  CLAIMS AS FILED - PART I										0,90		EHE	7
ı	TOTAL CLAIMS (Column 1)					(Column 2) TYPE			LENTIT	Y	OR S	DTHE MAL	R THAN	,
lt	FOR		_				4	RAT	E F	EE	F	ATE	FEE	-
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TOTAL CHARGEABLE CLAIMS 9 minus 20=					· (	2	_	XS 9			OR XS	18=	†	٦
II-	NDEPENDENT		minus 3 =	·	<b>፞</b> ጚ .		X43:	_	$\dashv$	·			ج	
Ľ	MULTIPLE DEPENDENT CLAIM PRESENT										OR X	86=	1250	7
•	If the differen	j	+145	•	k	OR -2	90=							
	• If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II									$\Box$	OR TO	TAL	107	1
						ОТ	HER	THAN	1					
Ę		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMARKING HIGHEST							L ENTIT	<u> </u>	R SM	ALL	ENTITY	
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-	T	(Column 1) CLAIMS	_	(Column	2)	(Column 3)	۰					•		İ
		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	A SLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RAT	Ε	ADDI- TIONAL	
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9	1/12/05					•	AE	TOTAL DIT. FEE		OR	. 101			
7	[12/05	(Column 1)		(Column:	2) (	Cotumn 3)					ADDIT. F	EEL_	<del></del>	•
	Ť	REMAINING		HIGHEST NUMBER		PRESENT	Ė		ADDI-	7		_	ADDI-	
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L	FIRST PRESEN	MATION OF MU	TIPLE DEP	ENDENT CU	VM		Ľ	K43=		OR	X86=		1	
Hi the entry in column 1 is less than the entry in column 2, write "O" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	+290=			
7	he Michell Num	har Drandonate Ont	ADD	TOTAL IIT. FEE		OR	TOTA VODIT, FE	L.						
• 17	न <i>ज्याच्या स्थाति</i>	tr Previously Paid	For' (Total or	Independent) is	the hig	hest number to	und i	in the appn	opriste bo	i in col	amo 1.			
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